



Environmental Health and Safety

UNIVERSITY OF CENTRAL FLORIDA

Effective Date:
03/07/2023

Form Number:
EHS_SOP350_FORM003

TITLE:
Receipt Form

Responsible Authority:
Health Sciences Campus Safety Officer

Instructions: The form can be completed online but it must be printed and signed. Completed and signed forms must be kept in the Controlled Substances Manual.

Registrant Name: _____ DEA Registration: _____

Registrant Signature: _____

Date	Substance	Vendor	Condition (good/bad)	Concentration	Amount	Lot Number	Vial Number Assigned	Expiration Date	Initials